



NOTIFICATION FOR UNDERGROUND STORAGE TANKS

State Form 45223 (R5 / 1-14)

13779

:Facility ID Number

4603

:Owner ID Number

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY, UST SECTION
100 N. Senate Avenue
Indianapolis, IN 46204-2251
UST: (317) 234-4112; Release Reporting: (317) 232-8900

Page: 1 of 4

Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances after January 1, 1974. The information requested is required by Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be obtained by contacting the UST Section at the above address.

Instructions for this form can be found at http://www.in.gov/idem/files/form_ust_notification_instructions.doc

A

TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> A NEW FACILITY | <input type="checkbox"/> AN ADDRESS CHANGE | <input type="checkbox"/> A TEMPORARY CLOSURE |
| <input type="checkbox"/> A NEW OWNER | <input type="checkbox"/> A CHANGE OF OWNERSHIP | <input type="checkbox"/> A REQUEST FOR CLOSURE |
| <input type="checkbox"/> A NEW TANK | <input type="checkbox"/> A CHANGE IN SERVICE | Attach workplan for in-place closure. |
| <input type="checkbox"/> A SYSTEM UPGRADE | <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> A PERMANENT CLOSURE |

B

FACILITY LOCATION

FACILITY NAME

Former White River Truck Repair

FACILITY ADDRESS (number and street)

11940 North US Highway 31

CITY

Edinburgh

STATE

Indiana

ZIP CODE

46124

TELEPHONE NUMBER

COUNTY

Bartholomew

GPS LOCATION (UTM)

16 S 589132 4351775

C

FACILITY OPERATOR

OPERATOR NAME

OPERATOR ADDRESS (number and street)

CITY

ZIP CODE

FEDERAL ID NUMBER

E

UST OWNER

PROPERTY OWNER NAME

L&Q Realty, LLC

PROPERTY OWNER ADDRESS (number and street)

30 West 11th Street

CITY

Anderson

STATE

Indiana

ZIP CODE

46016

TELEPHONE NUMBER

(765) 643-3016

FEDERAL ID NUMBER

20-3765045

TAX ID NUMBER

EFFECTIVE DATE OF OWNERSHIP (mm/dd/yyyy)

12/09/2014

EMAIL ADDRESS

tmattews@rickers.net

UST OWNER NAME (() Mark if same as Property Owner)

UST OWNER ADDRESS (number and street)

CITY

ZIP CODE

FEDERAL ID NUMBER

EFFECTIVE DATE OF OWNERSHIP (mm/dd/yyyy)

EMAIL ADDRESS

F

CONTACT AT UST LOCATION

NAME OF CONTACT PERSON AT UST LOCATION

N/A

NUMBER OF USTs AT THIS LOCATION

0

JOB TITLE

N/A

TELEPHONE NUMBER

NUMBER OF PAGES ATTACHED TO THIS

3

FACILITY NAME Former White River Tru		FACILITY ID NUMBER 13779		State Form 45223 (R5 / 1-14) Page: 2 of 4	
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G CERTIFICATION OF FINANCIAL RESPONSIBILITY
 I am familiar with the requirements for Financial Responsibility under 329 IAC 9-8 and have read the instructions for this form. I have copied only the bold and underlined text from Section G of the instructions in the box below that describes the type of Financial Responsibility I have for this site and I understand that I must produce evidence of this upon request.

TITLE	NAME	SIGNATURE	DATE (month / day / year)

H THIRTY (30) DAY REQUEST FOR UST CLOSURE
 To request a UST closure, mark "A Request for Closure" in Section A, Type of Notification. Complete the entire form as with other types of notifications and fill in the requested information below.

PROPOSED CONTRACTOR		LUST INCIDENT INFORMATION	
CONTRACTOR COMPANY		LUST INCIDENT NUMBER (IF APPLICABLE)	
CONTRACTOR NAME	CERTIFICATION NUMBER	DATE INCIDENT REPORTED (month / day / year)	
STREET ADDRESS (number and street)		*NOTE: Any UST closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 232-8900 if signs of soil or groundwater contamination are observed. Indiana State Fire Marshal (317) 232-2222	
CITY	STATE		
ZIP CODE	TELEPHONE NUMBER		


I CONTRACTOR COMPLIANCE CERTIFICATION: ATTACH AS-BUILT UST PLANS
 OATH: I certify that the information concerning installation, testing, upgrade, closure, removal and change-in-service provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT Doug Woods	NAME OF COMPANY SCS Environmental Contracting	AS-BUILTS ATTACHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	CERTIFICATION NUMBER UC2000606737	DATE (month / day / year) 11/29/16

J OPERATOR CERTIFICATION
 OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF OPERATOR OR AUTHORIZED REPRESENTATIVE	NAME OF COMPANY	LEASE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.)	DRIVERS LICENSE NUMBER	DATE (month / day / year)

K PROPERTY OWNER CERTIFICATION
 OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE Jay Ricker	NAME OF COMPANY L&Q Realty, LLC	DEED ATTACHED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	DRIVERS LICENSE NUMBER N/A	DATE (month / day / year) 11/30/2016

L UST OWNER CERTIFICATION
 OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF UST OWNER OR AUTHORIZED REPRESENTATIVE	NAME OF COMPANY	OWNER DOC ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.)	DRIVERS LICENSE NUMBER	DATE (month / day / year)

FACILITY NAME Former White River Truck		FACILITY ID NUMBER 13779		State Form 45223 (R5 / 1-14) Page: 3 of 4		
M NUMBER OF UNDERGROUND STORAGE TANKS						
Complete a column for each tank. Attach additional sheets when number of USTs exceeds six (6).						
SEQUENTIAL UST NUMBER	6					
OWNER-SPECIFIED UST NUMBER	1					
IS THIS A COMPARTMENTED UST?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
(mm/dd/yyyy) DATE INSTALLED						
(gallons) CAPACITY	550					
N STATUS OF UNDERGROUND STORAGE TANKS						
1. CURRENTLY IN USE (mm/dd/yyyy) Date Brought Into Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TEMPORARILY OUT OF USE (mm/dd/yyyy) Date Last Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PERMANENTLY OUT OF USE (mm/dd/yyyy) Date Removed From Ground	01/26/2015					
(mm/dd/yyyy) Date Filled In-Place						
(mm/dd/yyyy) Date of Change-in-Service						
4. REQUESTING CLOSURE						
Removal Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Place Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O SUBSTANCE CURRENTLY OR LAST STORED IN USTs						
1. PETROLEUM						
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofuel%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(specify) Other						
2. HAZARDOUS SUBSTANCE						
CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Abstract Service Number						
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P UST CONSTRUCTION MATERIAL						
Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Steel with Fiberglass Jacket) Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other						
Q UST CORROSION PROTECTION						
Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mm/dd/yyyy) Date Liner Installed						
(Galvanic) Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mm/dd/yyyy) Date Anodes Installed						
(specify) Other						

FACILITY NAME Former White River Truck F		FACILITY ID NUMBER 13779		State Form 45223 (R5 / 1-14) Page: 4 of 4			
Complete a column for each UST. Attach additional sheets when number of USTs exceeds six (6).							
SEQUENTIAL UST NUMBER		6					
OWNER-SPECIFIED UST NUMBER		1					
R PIPING CONSTRUCTION AND PROTECTION							
Steel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Galvanic) Sacrificial Anodes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other		No Piping					
S UST RELEASE DETECTION							
Automatic Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring / Barrier		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method							
T PIPING TYPE AND RELEASE DETECTION							
Suction	European Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	American Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized <i>Must Check One.</i>	Auto Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Shut Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Must Check One.</i>	Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U SPILL AND OVERFILL PREVENTION EQUIPMENT							
Catchment Basins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Shutoff Devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under-Dispenser Containment Sumps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							
V COMPLIANCE SPECIFIC TO THIS INSTALLATION, UPGRADE OR CLOSURE							
Contractor certified by IDHS-DFBS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by IDHS-DFBS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified by manufacturer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by registered PE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							



Fast & Friendly Customer Service • Convenient & Clean Locations

November 22, 2010

To Whom It May Concern:

We authorize Mr. Jason Lenz of Creek Run LLC Environmental Engineering to act as our agent and to further sign, on our behalf, any and all documents that might pertain to underground storage tank systems owned by Ricker Oil Company, Inc.

Sincerely,

Jay Ricker

Attachment B

Plews Shadley Racher & Braun LLP (PSRB) Submittal



ENVIRONMENTAL ENGINEERING

Taking Pride in What We Do

FACILITY NAME Former White River Truck		FACILITY ID NUMBER 13779		State Form 45223 (R5 / 1-14) Page: 3 of 4	
M NUMBER OF UNDERGROUND STORAGE TANKS					
Complete a column for each tank. Attach additional sheets when number of USTs exceeds six (6).					
SEQUENTIAL UST NUMBER	6				
OWNER-SPECIFIED UST NUMBER	1				
IS THIS A COMPARTMENTED UST?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
(mm/dd/yyyy) DATE INSTALLED	<u>Unknown</u>				
(gallons) CAPACITY	550				
N STATUS OF UNDERGROUND STORAGE TANKS					
1. CURRENTLY IN USE (mm/dd/yyyy) Date Brought Into Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TEMPORARILY OUT OF USE (mm/dd/yyyy) Date Last Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PERMANENTLY OUT OF USE (mm/dd/yyyy) Date Removed From Ground (mm/dd/yyyy) Date Filled In-Place (mm/dd/yyyy) Date of Change-in-Service	<u>01/26/2015</u>				
4. REQUESTING CLOSURE					
Removal Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Place Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O SUBSTANCE CURRENTLY OR LAST STORED IN USTs					
1. PETROLEUM					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofuel%	0.00%	0.00%	0.00%	0.00%	0.00%
(specify) Other					
2. HAZARDOUS SUBSTANCE					
CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Abstract Service Number					
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P UST CONSTRUCTION MATERIAL					
Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Steel with Fiberglass Jacket) Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other					
Q UST CORROSION PROTECTION					
Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mm/dd/yyyy) Date Liner Installed					
(Galvanic) Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mm/dd/yyyy) Date Anodes Installed					
(specify) Other					

FACILITY NAME Former White River Truck		FACILITY ID NUMBER 13779		State Form 45223 (R5 / 1-14) Page: 4 of 4			
Complete a column for each UST. Attach additional sheets when number of USTs exceeds six (6).							
SEQUENTIAL UST NUMBER		6					
OWNER-SPECIFIED UST NUMBER		1					
R PIPING CONSTRUCTION AND PROTECTION							
Steel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Galvanic) Sacrificial Anodes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other		No Piping					
S UST RELEASE DETECTION							
Automatic Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring / Barrier		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method							
T PIPING TYPE AND RELEASE DETECTION							
Suction	European Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	American Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized <i>Must Check One.</i>	Auto Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Shut Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Must Check One.</i>	Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U SPILL AND OVERFILL PREVENTION EQUIPMENT							
Catchment Basins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Shutoff Devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under-Dispenser Containment Sumps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							
V COMPLIANCE SPECIFIC TO THIS INSTALLATION, UPGRADE OR CLOSURE							
Contractor certified by IDHS-DFBS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by IDHS-DFBS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified by manufacturer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by registered PE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							

201400011373
Filed for Record in
BARTHOLOMEW COUNTY, IN
ANITA L. MOLE, COUNTY RECORDER
12-10-2014 At 08:05 am.
CORP WD 22.00

LIMITED CORPORATE WARRANTY DEED

THIS INDENTURE WITNESSETH, that HHH-TS PROPERTIES, LLC ("Grantor"), an Indiana limited liability company CONVEYS, WARRANTS and TRANSFERS to L&Q REALTY, LLC, an Indiana limited liability company, for the sum of Ten Dollars and 00/100 Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the real estate in Bartholomew County, State of Indiana described on Exhibit A, attached hereto and by reference made a part hereof (the "Real Estate");

TOGETHER WITH AND SUBJECT TO: (i) real estate taxes and assessments assessed against the Real Estate on and after the date hereof, and (ii) any and all easements, covenants, restrictions, agreements, encumbrances, rights-of-way and other matters of record.

The undersigned person or persons executing this deed on behalf of Grantor represents and certifies that he is duly authorized and fully empowered to execute and deliver this deed; that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

IN WITNESS WHEREOF, Grantor has caused this Limited Corporate Warranty Deed to be executed this 2 day of December, 2014.

"Grantor"

HHH-TS PROPERTIES, LLC

By: H. Jill Fivecoat

Printed: H. Jill Fivecoat

Title: Member

[Notary on following page]

Missouri
STATE OF ~~INDIANA~~)
COUNTY OF St. Louis) SS:

Before me, a Notary Public in and for said County and State, personally appeared H. Will Fivecoat member of HHH-TS Properties, LLC, who acknowledged signing the foregoing Limited Corporate Warranty Deed as his free and voluntary act and deed, for the uses and purposes herein set forth.

Witness my hand and Seal this 2 day of December, 2014.

My Commission Expires:

9-29-18

My County of Residence:

St Louis

Dan Bohn
Notary Public

Dan Bohn
Printed Name



Return Recorded Deed and send tax statements to:
Also, Grantee's Address:

L&Q Realty, LLC
30 West 11th Street
Anderson, Indiana 46016

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Stephanie T. Eckerle

This instrument was prepared by Stephanie T. Eckerle.

EXHIBIT A

LEGAL DESCRIPTION

Lot numbered six (6) of the Plat of Driftwood Center, Section One, as recorded August 20, 1991, in Plat Book "P", page 169A, as Instrument No. 91-7241, in the Office of the Recorder of Bartholomew County, Indiana.

DULY ENTERED FOR
TAXATION SUBJECT TO FINAL
ACCEPTANCE FOR TRANSFER

DEC 09 2014

BARTHOLOMEW COUNTY
AUDITOR'S OFFICE

CASIN 11



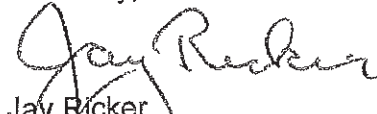
Fast & Friendly Customer Service • Convenient & Clean Locations

November 22, 2010

To Whom It May Concern:

We authorize Mr. Jason Lenz of Creek Run LLC Environmental Engineering to act as our agent and to further sign, on our behalf, any and all documents that might pertain to underground storage tank systems owned by Ricker Oil Company, Inc.

Sincerely,


Jay Ricker



ENVIRONMENTAL ENGINEERING

Taking Pride In What We Do!

- PO Box 114, Montpelier, IN 47359
- 6801 Lake Plaza Dr, Ste C301, Indianapolis, IN 46220
- 2328 N. US Hwy 35, Unit A, Laporte, IN 46350

December 2, 2016

Nawal Hopkins, Closure Investigator
Office of Land Quality – Mail Code 67-01
Indiana Department of Environmental Management
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

RE: UST System Closure Supplement
Former White River Truck Repair
11940 North US Highway 31
Edinburgh, Indiana 46124

RECEIVED

DEC 06 2016

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY

Dear Ms. Hopkins,

On behalf of L&Q Realty, LLC, Creek Run L.L.C. Environmental Engineering (Creek Run) is pleased to provide this response to a letter from the Indiana Department of Environmental Management (IDEM) entitled *Request for Permanent Closure Form*, dated November 10, 2016 for the above mentioned facility. In discussions with IDEM, it appears the Notification for Underground Storage Tanks (State Form 45223) that was submitted with the UST Closure Report, dated February 24, 2015, did not contain original (ink) signatures. The original signatures were likely submitted with a Plews Shadley Racher & Braun LLP (PSRB) submittal on February 25, 2015. Original signatures were obtained and are included on State Form 45223 provided in **Attachment A**. Section "C", Section "E", Section "G", Section "J", and Section "L" of State Form 45223 were not filled in. An explanation as to why these sections were not filled in is provided in the PSRB letter, included in **Attachment B**. If you need any additional information or have any questions, please feel free to contact me.

Sincerely,


Ryan A. Peterson
Project Manager

Attachment A

Notification for Underground Storage Tanks State Form 45223



PLEWS SHADLEY RACHER & BRAUN LLP
ATTORNEYS AT LAW

GEORGE M. PLEWS¹
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FREDERICK D. RMHARDT
S. CURTIS DeVoe
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TODD J. JANZEN
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TODD G. RELUE⁸

1346 NORTH DELAWARE STREET
INDIANAPOLIS, INDIANA 46202-2415
TELEPHONE (317) 637-0700
FACSIMILE (317) 637-0710

53732 GENERATIONS DRIVE
SOUTH BEND, INDIANA 46635-1539
TELEPHONE (574) 273-1010
FACSIMILE (574) 271-2050

www.psr.com

SENDER'S E-MAIL: asylvia@psrb.com

February 25, 2015

SENIOR COUNSEL:
SUE A. SHADLEY
JOHN B. BRIDGE
JEFFREY A. TOWNSEND

OF COUNSEL:
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SEAN M. HIRSCHTEN
MATTHEW D. NEUMANN
ASHLEY N. LEONARD⁷
JUSTIN A. ALLEN
RYAN LEAGRE

¹ REGISTERED MEDIATOR

² ALSO ADMITTED IN THE
DISTRICT OF COLUMBIA

³ ALSO ADMITTED IN MICHIGAN

⁴ ALSO ADMITTED IN KENTUCKY

⁵ REGISTERED TO PRACTICE
BEFORE THE U.S. PATENT
AND TRADEMARK OFFICE

⁶ ALSO ADMITTED IN VIRGINIA

⁷ ALSO ADMITTED IN ILLINOIS

⁸ ALSO ADMITTED IN NORTH CAROLINA

⁹ ALSO ADMITTED IN CALIFORNIA

Via Email (ASmith@idem.IN.gov) and Hand-Delivery

Amy Smith
Office of Legal Counsel
Indiana Department of Environmental Management
100 N. Senate Ave Room IGCN 1307
Indianapolis, IN 46204

RE: 11940 N. US Hwy 31, Edinburgh, IN, FID 13779

Dear Amy:

This letter is sent on behalf of L&Q Realty, LLC ("L&Q") regarding the property located at 11940 N. US Hwy 31, Edinburgh, IN, FID 13779 ("Site") that L&Q acquired from HHH-TS Properties, LLC on December 9, 2014. I am sending this letter to you because I know that you've worked with the Underground Storage Tank ("UST") Branch regarding their forms and I thought you might be able to assist us in handling this issue with the Indiana Department of Environmental Management's (IDEM's) Notification for USTs form.

After L&Q acquired the Site in December 2014, L&Q began demolition activities in mid-January 2015 and discovered an unidentified and undisclosed used oil UST. L&Q never owned nor operated this orphaned UST. Despite the fact that L&Q never owned nor operated the used oil UST, it retained Creek Run LLC Environmental Engineering ("Creek Run") to properly close

Amy Smith
Indiana Department of Environmental Management
February 25, 2015
Page 2 of 3

the UST. Creek Run oversaw the removal of the used oil UST and conducted all proper closure activities.

Based on prior communications with IDEM, it is L&Q's understanding that it must submit a Notification for USTs form {State Form 45223 (R5/1-14)}. However, there is an issue with such a submission. L&Q is neither the owner nor the operator of the orphan used oil UST. "Operator," for purposes of IND. CODE §13-23 "...means a person: (1) in control of; (2) or having responsibility for; the daily operation of an underground storage tank." IND. CODE 13-11-2-148(d).

"Owner," for the purposes of IND. CODE §13-23 is defined as:

- (1) for an underground storage tank that:
 - (A) was:
 - (i) in use on November 8, 1984; or
 - (ii) brought into use after November 8, 1984;
for the storage, use of dispensing of regulated substances, a person who owns the underground storage tank; or
 - (B) is:
 - (i) in use before November 8, 1984; but
 - (ii) no longer in use on November 8, 1984;
a person who owned the tank immediately before the discontinuation of the tank's use...

IND. CODE § 13-11-2-150 (a). L&Q never used the used oil UST after it purchased the Site (it never even knew the used oil UST existed); therefore it was never in control of nor had the responsibility for the daily operations of the used oil UST. IND. CODE § 13-11-2-148(d). *See also Shell Oil Co. v. Meyer*, 705 N.E.2d 962, 972-73 (Ind. 1998) (control or responsibility for daily operations requires continuous level of daily activities such as filling or dispensing gasoline from tanks). The owner or operator of the used oil UST was the prior person who used the UST – presumably a prior owner of the Site, but at the very least not L&Q. L&Q did not assume ownership of the used oil UST by its removal. Rather L&Q was taking steps to mitigate the potential impact that the used oil UST might have upon the Site.

At this point in time, it is impossible for Creek Run to submit a complete Notification for USTs form for the orphaned used oil UST found at the Site. Since L&Q was not even aware that the used oil UST existed, it has no information about the used oil UST beyond the information


Amy Smith
Indiana Department of Environmental Management
February 25, 2015
Page 3 of 3

readily ascertainable upon its removal. Furthermore, L&Q is not aware of the owner/operator of the used oil UST other than assuming that it was a prior owner of the Site. The existence of the used oil UST was not disclosed to L&Q and its existence was only discovered while L&Q was conducting demolition activities at the Site for development of this Site. Finally, it is impossible for L&Q to complete certain information about the used oil UST, such as its installation date, since L&Q had no knowledge about the existence of the used oil UST.

In order to comply with IDEM requests and in order to submit a Closure Report, please find enclosed a Notification for USTs form for the orphaned used oil UST with the information L&Q has to date. The UST owner and facility operator is left blank since, as described above, L&Q has no knowledge regarding whom should be listed for the orphaned UST, nor is L&Q the owner or operator of this orphaned used oil UST. The Notification for USTs form attached is only being submitted because Creek Run has been instructed by IDEM that it must do so. L&Q denies that it has any legal responsibility for the orphaned used oil UST. We are submitting this Notification for USTs form via hard-copy since it is our understanding that electronic copies cannot be submitted. I am also sending copies of these notifications to Nicole Wheeler since I understand that she often reviews incomplete forms.

Please do not hesitate to contact me should you have any questions. Otherwise, we trust that the attached the Notification for USTs form is sufficient for any subsequent Closure Report to be processed.

Very truly yours,



Alexandra S. Sylvia

Enclosures

cc: Nicole Wheeler *Via Email* (NWheeler@idem.IN.gov) and *Hand-Delivery* (w/ encls.)
Jay Ricker (w/ encls.)
Jason Lenz (w/ encls.)



NOTIFICATION FOR UNDERGROUND STORAGE TANKS

State Form 45223 (R5 / 1-14)

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY, UST SECTION
100 N. Senate Avenue
Indianapolis, IN 46204-2251
UST: (317) 234-4112; Release Reporting: (317) 232-8900

13779

:Facility ID Number

:Owner ID Number

Page: **1** of **4**

Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances after January 1, 1974. The information requested is required by Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be obtained by contacting the UST Section at the above address.

Instructions for this form can be found at http://www.in.gov/idem/files/form_ust_notification_instructions.doc

A TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> A NEW FACILITY | <input type="checkbox"/> AN ADDRESS CHANGE | <input type="checkbox"/> A TEMPORARY CLOSURE |
| <input type="checkbox"/> A NEW OWNER | <input type="checkbox"/> A CHANGE OF OWNERSHIP | <input type="checkbox"/> A REQUEST FOR CLOSURE |
| <input type="checkbox"/> A NEW TANK | <input type="checkbox"/> A CHANGE IN SERVICE | <i>Attach workplan for in-place closure.</i> |
| <input type="checkbox"/> A SYSTEM UPGRADE | <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> A PERMANENT CLOSURE |

B FACILITY LOCATION C FACILITY OPERATOR

FACILITY NAME Former White River Truck Repair				OPERATOR NAME	
FACILITY ADDRESS (number and street) 11940 North US Highway 31				OPERATOR ADDRESS (number and street)	
CITY Edinburgh		STATE Indiana		CITY	
ZIP CODE 46124		TELEPHONE NUMBER		STATE	
COUNTY Bartholomew		GPS LOCATION (UTM) 16 S 589132 4351775		FEDERAL ID NUMBER	
				EMAIL ADDRESS	

D PROPERTY OWNER E UST OWNER

PROPERTY OWNER NAME L&Q Realty, LLC				UST OWNER NAME (() Mark if same as Property Owner.)	
PROPERTY OWNER ADDRESS (number and street) 30 West 11th Street				UST OWNER ADDRESS (number and street)	
CITY Anderson		STATE Indiana		CITY	
ZIP CODE 46016		TELEPHONE NUMBER (765) 643-3016		STATE	
FEDERAL ID NUMBER 20-3765045		TAX ID NUMBER		FEDERAL ID NUMBER	
EFFECTIVE DATE OF OWNERSHIP (mm/dd/yy) 12/09/2014		EMAIL ADDRESS tmatthews@rickers.net		TAX ID NUMBER	
				EFFECTIVE DATE OF OWNERSHIP (mm/dd/yy)	
				EMAIL ADDRESS	

F CONTACT AT UST LOCATION

NAME OF CONTACT PERSON AT UST LOCATION N/A		NUMBER OF USTs AT THIS LOCATION 0	
JOB TITLE N/A		TELEPHONE NUMBER	
		NUMBER OF PAGES ATTACHED TO THIS 3	

FACILITY NAME Former White River Tru	FACILITY ID NUMBER 13779	State Form 46223 (R6/1-14) Page: 2 of 4
--	------------------------------------	--

G CERTIFICATION OF FINANCIAL RESPONSIBILITY

I am familiar with the requirements for Financial Responsibility under 329 IAC 9-8 and have read the instructions for this form. I have copied only the bold and underlined text from Section G of the instructions in the box below that describes the type of Financial Responsibility I have for this site and I understand that I must produce evidence of this upon request.

TITLE	NAME	SIGNATURE	DATE (month / day / year)
-------	------	-----------	---------------------------


H THIRTY (30) DAY REQUEST FOR UST CLOSURE

To request a UST closure, mark "A Request for Closure" in Section A, Type of Notification. Complete the entire form as with other types of notifications and fill in the requested information below.

PROPOSED CONTRACTOR		LUST INCIDENT INFORMATION
CONTRACTOR COMPANY		LUST INCIDENT NUMBER (IF APPLICABLE)
CONTRACTOR NAME	CERTIFICATION NUMBER	DATE INCIDENT REPORTED (month / day / year)
STREET ADDRESS (number and street)		<p>*NOTE: Any UST closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 232-8900 if signs of soil or groundwater contamination are observed. Indiana State Fire Marshal (317) 232-2222</p>
CITY	STATE	
ZIP CODE	TELEPHONE NUMBER	

I CONTRACTOR COMPLIANCE CERTIFICATION ATTACH AS-BUILT UST PLANS

OATH: I certify that the information concerning installation, testing, upgrade, closure, removal and change-in-service provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT Doug Woods	NAME OF COMPANY SCS Environmental Contracting	AS-BUILTS ATTACHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	CERTIFICATION NUMBER UC2000606737	DATE (month / day / year)

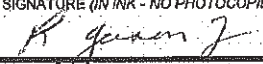
J OPERATOR CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF OPERATOR OR AUTHORIZED REPRESENTATIVE	NAME OF COMPANY	LEASE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.)	DRIVERS LICENSE NUMBER	DATE (month / day / year)

K PROPERTY OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE Jay Ricker	NAME OF COMPANY L&Q Realty, LLC	DEED ATTACHED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	DRIVERS LICENSE NUMBER NA	DATE (month / day / year) 2/24/2015

L UST OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF UST OWNER OR AUTHORIZED REPRESENTATIVE	NAME OF COMPANY	OWNER DOC ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.)	DRIVERS LICENSE NUMBER	DATE (month / day / year)